

Willow Wood Care Ltd

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Inspection report

Brian Jackson House
2 New North Parade
Huddersfield
HD1 5JP

Tel: 01484240488

Date of inspection visit:
06 December 2022
07 December 2022

Date of publication:
22 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willow Wood Care Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 4 people, this included older people and people living with physical disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

There were systems in place to assess, monitor and manage risks to people, as well as safeguard people from abuse. People and their relatives consistently told us they felt the service was safe. People received support from a consistent staff team, who were recruited safely.

The provider had a system in place to ensure people's needs were assessed prior to their care and support commencing. Staff received regular appraisals and ongoing training, to ensure they had the right knowledge to support people effectively.

People were treated well by kind and caring staff. People and their relatives were involved in decisions about when and how they were supported. Staff knew how to maintain people's dignity and privacy and promote their independence.

The service had developed person centred records that guided staff according to people's individual needs and preferences. The provider had a system in place to manage and respond to complaints. People and their relatives felt confident concerns would be dealt with by the registered manager.

There was a system in place to assess the quality of the service, in order to drive improvement. This allowed the registered manager to have effective oversight of the care being delivered. The registered manager also had a clear desire to ensure the service achieved good outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Willow Wood Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 December 2022 and ended on 14 December 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with people and 4 relatives about their experience of the care provided. We also spoke with 5 members of staff including, the nominated individual, who is also the registered manager, the senior care assistant and 4 carer assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and 2 staff files in relation to recruitment and staff supervision.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to assess, monitor and manage risks to people. Staff had access to information about people's risks and the support people required to remain safe at each call.
- People's care records did not always adequately address the risks associated with the equipment they used to support with their mobility. We discussed this with the registered manager, who evidenced, where required, people's risk assessments had been updated in a timely manner.
- There was a suitable system in place to report, monitor and learn from accidents and incidents.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from the risk of abuse.
- People and their relatives consistently told us they felt the service was safe. Comments included, "Safe? Very much so, [my relative] really enjoys seeing the staff. We have no concerns, they are very nice and careful" and "Yes, I'm safe, my [staff member] is lovely."
- Staff received training about how to safeguard adults from abuse and were aware of their responsibility to report concerns immediately.
- When necessary, the registered manager made referrals to the appropriate agencies, such as the local safeguarding authority. However, we found not all safeguarding incidents had been reported to CQC. We discussed this with the registered manager, who was responsive to our feedback. The relevant notifications were submitted during the inspection.

Staffing and recruitment

- There were enough staff employed to safely meet people's needs.
- Feedback from people and their relatives was consistently positive about staffing levels. Comments included, "[Staff member] is punctual at all times, including weekends and evenings", "[Staff] always arrive on time" and "We have the same [staff] and they are really nice."
- Staff told us they had enough time to travel between calls and never felt rushed. Records we viewed demonstrated the number of different staff supporting people was kept to a minimum, in line with people's preferences. This promoted continuity of care for people.
- The provider had a suitable system in place to recruit new staff. The staff personnel records we reviewed contained the appropriate background checks, including DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There was a system in place to ensure that people receive their medicines safely. At the time of our

inspection, the provider was not supporting anyone who required assistance with their medication.

- Staff had received training and their competency to manage medicines was assessed to ensure people could be safely supported with their medicines, if this was required.

Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection.
- Staff had access to personal protective equipment (PPE), which they used and disposed of appropriately when supporting people. People and their relatives told us staff wore PPE when providing them with support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had a system in place to ensure people's needs were assessed prior to their care and support commencing. Outcomes for people were identified and their care and support reviewed.
- People's cultural and religious needs were considered when assessing and planning their care, as well as their preferences for how their needs should be met. For example, the registered manager accommodated different call times to ensure people could participate in, and celebrate, religious festivals. One relative also told us, "There are staff that speak Indian and Polish, as well as English, which is good when there is a language barrier."

Staff support: induction, training, skills and experience

- Staff were supported to develop skills, knowledge and experience to deliver effective care. This was through regular spot checks to review staff practice, as well as appraisals.
- New staff underwent an induction, which included a mandatory training programme, shadow shifts and observations of their practice.
- The registered manager supported and encouraged staff to complete the Care Certificate, if they had not already done so. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People and their relatives had confidence in the abilities of the staff team. One relative told us, "Absolutely, the staff are well trained, the [staff member] who comes is extremely professional."

Supporting people to eat and drink enough to maintain a balanced diet

- Not everyone required support with eating and drinking. People who did were happy with the support they received with food and drinks.
- Care records we looked at detailed people's needs around nutrition and hydration, including their personal preferences.
- Staff were knowledgeable of people's likes and dislikes and used this information to support people with food and drinks, to ensure they remained in good health. One staff member told us, "[Person] likes a cup of tea and glass of juice at the start of the call and then when I leave, I make them a fresh one."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff continuously monitored people's health and wellbeing.
- Care records we looked at showed the service worked proactively in partnership with other professionals

involved in people's care. People and relatives told us staff supported people to access healthcare services and made referrals, when necessary.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The service was working within the principles of the MCA.
- Care records we looked at demonstrated people's capacity to consent to their care had been assessed and best interest decisions were made where required.
- Staff had a good understanding of the principles of the MCA. Feedback included, "[Staff] always ask my consent before doing anything. [Staff member] does everything, everything that I ask, and she always says, 'Is it all right if I do this?'"

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were treated with respect by kind and caring staff.
- We received consistently positive feedback from people and their relatives about the service. Comments included, "[Staff] are very kind and of course they listen to me, we have a good relationship", "[Staff] are kind, caring, helpful, friendly and talkative (in a nice way)" and "[Staff] are quite caring and if [my relative] is a bit upset they hold his hand and ask how he is. [Staff] listen to [my relative] and me."
- Care records described people's preferences for how their care should be delivered. Where people expressed a preference for gender of staff to provide personal care, this decision was respected by the service.
- People were supported to express their views and make decisions about their care, as far as possible. People and their relatives were also involved in planning and reviewing the care being provided.

Respecting and promoting people's privacy, dignity and independence;

- People were supported to maintain their privacy, dignity and independence.
- People and their relatives told us that staff provided care and support in a manner that respected people's privacy and dignity and promoted their independence. One relative told us, "[Staff] help support [my relative] and his independence by sitting him in his chair so that he is not always in bed. [Staff] also help his independence by playing [a board game] with him."
- Staff we spoke with gave examples of how they supported people to maintain their independence. A staff member told us, "I ask someone if they need support, I don't just do it for them. I also give choices before I do anything, and I ask how they would like to do the task."
- The daily records we looked at were of a good standard overall. Although, the language used by some staff members was not always entirely dignified. We brought this to the attention of the registered manager, who told us they would take steps to address this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records described people's daily routines and included details of people's individual preferences for how their care should be delivered. This ensured staff had enough information to meet people's needs safely.
- The service used an electronic care planning system. Staff used an app to record all interactions and support they provided to people, which ensured records were completed in a timely manner and accurately maintained.
- The registered manager was involved in the care delivery for each new client to begin with, to ensure the care plan that had been developed met their needs and they were happy.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were considered during the assessment process.
- The registered manager confirmed information could be, and when necessary was, made available in a range of formats for people. For example, one person chose the size and style of font they preferred, in order to meet their needs.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints policy and process to be followed if a complaint was received.
- At the time of our inspection, the service had not received any complaints or concerns. Staff we spoke with knew how to respond to complaints and concerns. People and their relatives consistently told us they had no concerns about the service but felt the registered manager would address any issues.

End of life care and support

- The provider had a suitable policy in place. However, at the time of the inspection, no one supported by the service was receiving end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted an open, inclusive and positive culture.
- People and their relatives consistently spoke positively about the management of the service and would recommend the service. Comments included, "[Registered manager] is very helpful and very approachable. I think the service is well managed, [staff] are punctual and they ring if they are rarely running late", "[Registered manager] is absolutely approachable. I don't think the service could do anything better, we have the same staff and they are really nice" and "I would recommend the service, absolutely, with no hesitation."
- Staff we spoke with consistently gave positive feedback about the culture in the service and the support they received from the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff were motivated about their roles and understood their responsibilities. The registered manager had a clear desire to achieve good outcomes for people.
- The registered manager closely monitored how the service was being delivered, to help ensure people were receiving safe, good quality care. This included the timeliness of care visits, the duration of those visits and whether people were receiving the care they needed.
- The registered manager demonstrated how they used quality assurances systems, as well as feedback given during this inspection, to develop and continuously improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people, their relatives and staff members on a regular basis.
- There were systems in place to ensure both written and verbal feedback was obtained from people and their relatives. The service used this information to help drive improvements.
- Staff were regularly engaged by the registered manager through a range of meetings; such as team meetings and one to one staff appraisal. We reviewed evidence of staff meetings taking place, which were well attended and demonstrated how staff were engaged in discussions about the service. One staff member also told us, "Team meetings are once per month. It's nice to get an update and see how everything is going. We always have an agenda and [Registered Manager] covers things like new training and any updates we need to be aware of."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager and provider understood their responsibility under the duty of candour. They worked alongside the local authority, to consult and share information, where necessary.
- The registered manager and staff were knowledgeable about working in partnership with other agencies involved in people's care and support, to ensure good outcomes were achieved for people. Records showed us that health and social care professionals were involved in people's care, and professional advice was documented and recorded.